

**UNITED STATES PATENT & TRADEMARK OFFICE**  
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND								
1 Date of Request: <u>2/9/96</u>		2 Serial/Patent # <u>081572,020</u>						
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT				
✓	Filing			\$ <u>312</u>				
	Amendment			\$				
	Extension of Time			\$				
	Notice of Appeal/Appeal			\$				
	Petition			\$				
	Issue			\$				
	Cert of Correction/Terminal Disc.			\$				
	Maintenance			\$				
	Assignment			\$				
	Other			\$				
		7 TOTAL AMOUNT OF REFUND		\$ <u>312</u>				
		8 TO BE REFUNDED BY:						
10 REASON:		Treasury Check						
✓	Overpayment	Credit Deposit A/C #:						
	Duplicate Payment	9 <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 20px;">06</td> <td style="width: 20px;">--</td> <td style="width: 20px;">10</td> <td style="width: 20px;">50</td> </tr> </table>			06	--	10	50
06	--	10	50					
	No Fee Due (Explanation):							
11 REFUND REQUESTED BY:								
TYPED/PRINTED NAME: <u>Tony Clark</u>		TITLE: <u>Owner</u>						
SIGNATURE: <u>Tony Clark</u>		PHONE: <u>202-1901</u>						
OFFICE: <u>CFPE</u>								
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****								
APPROVED: <u>Frankie Charles</u>		DATE: <u>6-5-96</u>						

*Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:*

**Office of Finance  
Refund Branch  
Crystal Park One, Room 802B**